**TRANS-PENNINE 100 MARSHALS’**

**ENTRY FORM**

**30th APRIL 2022**

**Postal entries only. There is no Sientries option for Marshals event.**

**PLEASE COMPLETE IN CAPITAL LETTERS**

|  |  |
| --- | --- |
| **Surname** |  |
| **Forename**  **(as you would like it to appear on certificate)** |  |
| **Gender** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Email address**  **(please print clearly)** |  |
| **LDWA Membership Number** |  |
| **LDWA Group** |  |
| **Main Contact Telephone Number (including STD code)** |  |
| **Mobile Phone Number (if carried on event)** |  |
| **Emergency Contact Name** |  |
| **Emergency Contact Telephone Number** |  |
| **Emergency Contact Address** |  |
| **Is Emergency Contact also on event?**  **If ‘Yes’ please also indicate in what capacity i.e. walking, marshalling or supporting.** | **YES / NO** |
| **Qualifying Walk (See approved list on website)** |  |
| **What is your role during the Main event as pre-arranged with organisers?** |  |
| **Number of official LDWA Hundreds completed (maximum of one per calendar year to count).** |  |
| **Do you require a Vegetarian meal at finish?** | **YES / NO** |
| **Is vehicle parking required at Event Centre for duration of event? (Please consider vehicle sharing if possible)** | **YES / NO** |
| **Vehicle make, model and Registration No:** |  |
| **What time do you intend starting the event?**  **Please make a note of checkpoint opening times as these will be STRICTLY adhered to.** |  |
| **RULES** | |
| “I agree to the Rules of the Event and participate in the Trans-Pennine 100 at my own risk. I understand that I am responsible for ensuring that I have undertaken the necessary preparation and training to participate in the event, that I am sufficiently fit and healthy to participate and that I will comply with all relevant UK Government and local (English Tiers, Wales, Scotland & Northern Ireland) COVID laws and guidelines should any exist. I understand that if I have a medical condition that would cause me to doubt whether I can participate in the event, then I will not do so unless I have sought reassurance from the medical profession. I will abide by the Countryside Code and understand that the Long Distance Walkers Association will not be held responsible or liable for any loss, damage, action, cost, expense, claim, injury, illness and in worst case scenario, death suffered as a result of my participation. On entering the event, I assume full and complete responsibility for any injury, accident, costs, expenses, damages, losses and any other liabilities which may occur while I am travelling to and from the event and during the event.”  \*Signature required in box\* | \* |
| **Please advise of any medical conditions or allergies.**  **This information will be treated in the STRICTEST** **confidence.** | |
|  | |
| **Privacy Data Protection and Personal Information**  **For operational and safety reasons we need to store your personal details on a computer. This is a pre-condition of entry and by submitting this entry form you agree to this storage. This information will be held by the teams helping to plan and run the event and will be erased after any report and results have been published.** | |
| I understand that the personal information submitted as part of this entry form will be held by the event organisers for a period of up to seven years after the event is held for the purposes of managing this event only. I further understand that photographs are likely to be taken at the event, which may be featured in Strider magazine, group newsletters, on LDWA websites and on LDWA social media. In addition, I understand that Summary Information\* may be published immediately and may be held in perpetuity for the purposes of providing a record of the event. I will have the right to request that all my personal Summary Information is anonymised, should I so request.”   * Summary information is limited to the participant’s name, age, gender, postal town, LDWA membership number, event name and date, distance covered, time recorded as well as any other linked walking achievement.   Entrants should be aware that the LDWA maintains a Hundred Register (formerly the Hundred Database) held on the Association’s secure server. The Hundred Register contains names, gender, local group, age (where declared on entry forms), number of Official LDWA Hundreds started and finished, and years and times. It does NOT include addresses (postal or e-mail), telephone numbers, any declared medical conditions or any emergency contact names, addresses or telephone numbers.  Entrants who do not want their details to be stored on the Hundred Register should be aware that this will result in their name and records being completely deleted. The onus will then be on these individuals to prove they are eligible, if applicable, for the 10/20/30/40 awards. | |
| **RESULTS LIST**  **DO NOT show my name on the Results list**  **\* tick box. Otherwise leave empty** | \* |
| **HUNDRED REGISTER**  **DO NOT include my details in the Hundred Register**  **\* tick box. Otherwise leave empty** | \* |
|  | |
| **EVENT ENTRY FEES** | |
| **Entry Fee: LDWA Family or Individual Member initial fee @ £110 – reduced to £60 on validated marshalling of main event. See Rules document Section 5.1 for refund process details.** |  |
| **Payment via BACS (preferred option):**  **Account Name TRANS-PENNINE 100**  **Sort code 30-91-91**  **Account Number 41311068**  **Or Cheque (accompanying entry form) (ADDRESS BELOW) payable to TRANS-PENNINE 100** |  |
| Acknowledgement that your entry has been ‘received’ will be sent by email. If you do not have an email account please include a stamped address envelope marked **“ENTRY RECEIVED”** if you wish to receive confirmation that your entry has been received.  **\* tick box if SAE enclosed otherwise leave blank.** | \* |
| Notification that your entry has been ‘confirmed’ will be emailed to you. If you do not have an email account please include a stamped addressed envelope marked **“ENTRY CONFIRMED”.** Your cheque will be cashed at this stage.  **\* tick box if SAE enclosed otherwise leave blank.** | \* |
| **ROUTE DESCRIPTION** | |
| The route description will be available for download from the Event website. If you do not have access to a computer then a copy will be sent to you. Please include an A4 sized stamped addressed envelope marked “ROUTE DESCRIPTION” if you wish to have a paper copy sent to you.  **\* tick box if A4 SAE enclosed otherwise leave blank** | \* |
| If you do NOT wish to have the route description posted to you and are happy to collect it when checking in at the start,  **\*tick this box otherwise leave blank.** | \* |

**For Postal Entries:**

**Return completed application form and cheque, ensuring all relevant boxes have been ticked were applicable and any SAE’s enclosed as required to:**

**Karen Nash**

**Trans-Pennine 100**

**36 Green Lane**

**Greetland**

**West Yorkshire**

**HX4 8DB**